

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023549

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2715

FILED JUN 21 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

KANSAS CITY

Length of stay in 1b

65 yrs.

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

345 GLADSTONE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3710 E. 7TH.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

MARY

Middle

ELIZABETH

Last

WINGO

4. DATE OF DEATH

Month

Day

Year

MAY

16

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

3-9-1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

INDEPENDENCE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALBERT LASISTER

13b. MOTHER'S MAIDEN NAME

RACHEAL STEWART

14. NAME OF HUSBAND OR WIFE

JESS L. WINGO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

NORMAN L. WINGO - 10415 E. 39TH TERR.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

Unknown

DUE TO (c)

Coronary Sclerosis

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1952 to 5-16-62 and last saw her alive on Jan 62

Death occurred at 515 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. Kienburger MD

(Degree or title)

22b. ADDRESS

5286 St John

22c. DATE SIGNED

5/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5-19-1962

23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS

23d. LOCATION (City, town, or county)

RAYTOWN, MISSOURI

(State)

24. FUNERAL DIRECTOR

C.H. BLACKMAN &amp; SON INC. K.C., MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-28-62

26. REGISTRAR'S SIGNATURE

Ruth A Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

Kienburger

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hubert B. David

Licensed Embalmer No. 4888

P. O. Address NC 24, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.